

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028083

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 80

STATE FILE NUMBER

FILED AUG 2 1963

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo.		c. CITY OR TOWN Fayette	
c. FULL NAME OF HOSPITAL OR INSTITUTION Keller Mem. Hospital		d. STREET ADDRESS (If outside, give location) 415 N. Howard	
3. NAME OF DECEASED (Type or print) First Middle Last HAZEL EILEEN SCRIBNER		4. DATE OF DEATH Month Day Year JULY 28, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/29/1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		11. BIRTHPLACE (City and state or country) Marion County, Mo. U.S.A.	
13a. FATHER'S NAME William Edward Martin		14. NAME OF HUSBAND OR WIFE Forrest C. Scribner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT F. C. Scribner, Fayette, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma DUE TO (b) Liver Malignancy - Metastatic DUE TO (c) Ca of colon PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe jaundice PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Jan 20 - 63 to July 28 - 63 and last saw her alive on July 27 - 63 Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. J. Shaw M.D.		22b. ADDRESS Fayette Mo.	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) Fayette, Missouri	
23b. DATE 7/30/1963		23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	
24. FUNERAL DIRECTOR Ralph A. Carr Fayette, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-63	
		26. REGISTRAR'S SIGNATURE Katherine Welch	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0451
2 0451
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4 1
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13 1-0

AUG 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William E. Fisher

Licensed Embalmer No. 4870

P. O. Address Hayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-29-63